

Name:				Employee ID: _		Department:	
Pay Period B	Beginning:		Pay Period Ending:				
Date Start End			Total Overtime Comm			ent/Reference (optional) C- Comp	
	Time	Time	Hours	Code		,	O- Overtime
Overtime Codes							
Court CT01- Court CT02- Court Misc. Fire FD01- Holiday FD02- Mandatory FD03- Meeting FD04- Prevention FD05- Run FD06- Shift Coverage FD07- Special Event FD08- Fire Misc. Other MI01- All other departments miscellaneous *Comment/Reference required			Police PD01- Animal- After Hours PD02- Animal- Shelter Duty PD03- Court PD04- Dispatch Coverage PD05- Holiday PD06- Investigations PD07- Late arrests/transports PD08- Late reports/calls PD09- Meeting PD10- Patrol Coverage PD11- Special Event PD12- S.T.E.P PD13- Police Misc. Water Customer Service WU01- Cut-off/Reconnect WU02- Water Utilities Misc.			Municipal Services/Utilities MS01- Inclement Weather MS02- Meeting MS03- Park- response MS04- Security MS05- Sewer- Back-ups MS06- Sewer- Other MS07- Solid Waste Issues MS08- Special Event MS09- Storm water Management MS10- Streets- Lights MS11- Streets- Sign Issues MS12- Water- Breaks MS13- Water- Cut-off/Reconnect MS14- Water- Delivery Issues MS15- Water- Fire Hydrants MS16- Water- Repairs MS17- Water- Samples MS18- Water- Well Reads MS19- Holiday MS20- Municipal Services Misc.	
Employee Signature:						Date:	
Supervisor Signature:						Date:	
Manager Signature:						Date:	

All requested overtime MUST be pre-approved.